CHARITY NO: 1104951
COMPANY NO: 5176998

ST ANDREW'S HEALTHCARE

BOARD OF DIRECTORS MEETING IN PUBLIC

Old Patient Library, Main Building and Microsoft Teams
St Andrew's Healthcare, Northampton

Tuesday 23rd January 2023 at 09.30 am

Present:	
Paul Burstow (PB)	Chair, Non-Executive Director
Ruth Bagley (RB)	Non-Executive Director
Stanton Newman (SN)	Non-Executive Director
Andrew Lee (AL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Dawn Brodrick (DB)	Non-Executive Director
Karen Turner (KT)	Non-Executive Director
Rupert Perry (RP)	Non-Executive Director
Vivienne McVey (VMc)	Chief Executive Officer
Kevin Mulhearn (KM)	Chief Finance Officer
Sanjith Kamath (SK)	Executive Medical Director
Martin Kersey (MK)	Executive HR Director
Andy Brogan (AB)	Chief Nurse
Dawn Chamberlain (DC)	Chief Operating Officer
In Attendance:	
John Clarke (JC)	Chief Information Officer
Duncan Long (DL)	Company Secretary
Anna Williams (AW)	Director of Performance
Eddie Short (ES)	Director of Strategy & Business Development
Alex Trigg (AT)	Director of Estates & Facilities
Julie Shepherd (JS)	Improvement Director
Stuart Wallace (SW) Item 10	Head of Legal
Richard Stedman (RS) Item 11	Head of Operations (ALD)
Fiona Hannah (FH) Item 11	Manager, Winslow & Broom Cottage
Melanie Duncan (MD) Minutes	Board Secretary
Apologies Received:	
Steve Shrubb (SS)	Non-Executive Director

Agenda Item No		Owner	Deadline
1.	**Welcome** PB (Chair) welcomed everyone to the first part of the Board of Directors (Board) meeting, which is a meeting open to attendance by the public. Apologies received from Steve Shrubb were noted.		
ADMINISTRATION			
2.	**Declarations Of Interest & Quoracy** Members of the Board present confirmed that they had no direct or indirect interest in any of the matters to be considered at the meeting that they are required by s.177 of the Companies Act 2006 and the Charity's Articles of Association to disclose. Julie Shepherd declared her position with NHFT. The meeting was declared quorate.		

3.	**Minutes Of The Board Of Directors Meeting, held in public, on 29 September 2022** The minutes of the meeting held on the 24 November 2022 were **AGREED** as an accurate reflection of the discussion and decisions taken.	**DECISION**	
4.	**Action Log & Matters Arising** It was agreed to **CLOSE** the following actions: • 26/05 **01** – Risk Appetite (addition of a new action linked to strategic risks – as below) • 26/05 **08** – Integrated Performance Report • 26/07 **02** – Mental Health Bill • 26/07 **03** – ARC - Committee Risk oversight • 26/07 **04** – Governance oversight group – ARC visibility (addition of a new action linked to ARC programme of activity) • 29/09 **01** – Board minutes • 29/09 **02** – Board action log • 22/11 **03** – Service and patient story - Essex All other actions on the log remained open, either in line with the agreed target dates or to return at a future Board. New Actions: Existing Strategic Risks (as recorded on current BAF) are to be reviewed and aligned to new Strategy ambitions and directions and Board level risk appetite to be agreed for all strategic risks recorded within the BAF. New programme of ARC assurance activity to be established in line with revisions to Terms of Reference and in line with matters reserved and authority matrix.	**DECISION** **VMc & DL** **RP & DL**	 **21.07.23** **21.07.23**
CHAIR'S UPDATE			
5.	**Chair Update** PB gave a verbal update and noted the continuing and intensive work and dialogue regarding the Independent Business Review and the development of the Charity's new operating model. PB also noted the sad news that a service user that spoke at the recent LDA summit, had passed away. PB wished to extend sincere condolences to the family and staff who had cared for him. The Board **NOTED** the update.		
EXECUTIVE UPDATE			
6.	**CEO's Report** VMc presented her report which was taken as read and highlighted that recent focus has been on the priorities agreed by the Board at the November meeting, whilst dealing with the day-to-day challenges seen within the Charity. Staffing has improved in recent weeks, with very few alerts being raised on staffing levels, which whilst yet to be reflected in the report data, there is a feeling that staffing is beginning to stabilise within the Charity. There have been no Red Alerts for staffing within the last six weeks. The strategy was progressing with a high level of co-production across the organisation, along with carer and patient input, underpinned with staff workshops planned for February and March. There had been a fantastic response to the request to join the workshops and additional sessions are being scheduled in Essex and Birmingham, along with involving our Governors in the sessions.		

	VMc noted that the operating model was also progressing and that more on that would be discussed in part two as well as highlighting progress on the Charity's EPRR arrangements. DC added that partial compliance had been achieved in on the NHSE EPRR return, which was more than comparable to partner organisations. The basics are firmly in place and further background work on EPRR had commenced with manuals and procedures being rolled out in the coming weeks. A desktop exercise and live evacuation event was also planned for the coming months. KT asked how the staff from overseas were settling in. VMc replied that all staff had been placed, with an evaluation phase currently underway as there has only been one cohort so far. MK added that the staff were settling in well, with good pastoral care in place. The staff all lived together in order to support each other. KT asked AB if the training already received by the staff equipped them to work within the hospital. AB replied that the staff were registered general nurses, who would receiving further training in mental health nursing. The pause to evaluate had given the time to assess how the training was being adopted. KT thanked both MK and AB. SN asked where the development of community services and partnerships sat in the new strategy and organisational structure and whether any plans were available. VMc replied that the area was being evaluated by business development in order to assess the options, more specifically at present in relation to Berkeley Close, however, there were priorities regarding the operating model that were also being addressed. VMc reiterated that the Executive were focussing on the agreed priorities and the changes to the operating model and would shift focus to business development in the near future. ES further outlined the work being done by the team regarding an outline model for the Berkeley Close scheme which was in development. SN asked when this would be ready for discussion. VMc replied that this was due back at Exec in February and then Board, possibly in March, but that the work on the operational model was also involved and so timelines may be affected. The Board **NOTED** the update.		
COMMITTEE ASSURANCE REPORTS			
7.	**Quality & Safety Committee** RB presented the report which was taken as read and highlighted the new approach to quality being taken by the Committee, where there was higher concentration on fewer matters. This approach would be trialled over the next 2 to 3 meetings where the committee would focus on three or four big areas, whilst keeping a view on emerging risk areas in order to react as needed. PB noted that it was good to have clarity on how the committee was maintaining its lines of sight over quality and the governance processes in place. PB also noted that the Quality Strategy would be presented to Board for approval at the March meeting. The Board **NOTED** the report **Audit & Risk Committee** EL gave a verbal update of the recent meeting, outlining the recent discussions and assurances given at the meeting the day before: • Approval of the external audit plan, strategy, and fee • Draft Reserves Policy would return to ARC following further discussions and work with Grant Thornton		

	• Agreement to partial assurance for operational risks, and adequate assurance for material risks and the BAF process • Internal Audits – limited assurance was given to the recently published EPRR audit and partial assurance for the Health & Safety audit • ARC noted the increased number of overdue actions to 11, some rated as high priority. • ARC continue to have concerns regarding the fragility of the Internal Audit and Risk function in terms of resource. • ARC wished to acknowledge the continued excellent work done by Darren Handley, LCFS on Counter Fraud • ARC received the first draft committee Terms of Reference and a workshop is to be scheduled to review these further and finalise the ARC annual work plan • ARC approved the Annual Accounts Timeline. AL asked about the overdue audit actions and wanted to know how overdue they were. EL replied that some were nearly a year old, which could lead to criticism of the committee. VMc added that this situation highlighted that the governance and assurance process links required further strengthening. PB added that further discussion regarding the important work of the Committee would be required and how it links to the Charity's mission and is not allowed to operate within silos. The Board **NOTED** the update		
QUALITY			
8.	**Integrated Quality & Performance Report** AW presented the report which was taken as read and highlighted the patient discharge and staffing information included in the report, along with the improvements seen because of the feedback given to the Operations Committee. RP asked if the organisation was on target to replace agency staff with permanent staff. DC replied that the plan was to utilise bank staff, which would remove the reliance on agency staff and that recruitment was ongoing and constant, and that whilst staff turnover was ok, there would always be a degree of churn. DB asked if visibility of the plan targets referenced within the dashboard could be built into the report to help show where the Charity was aiming to get to. AL added that sight of the plan would be helpful and assist in managing the expected trajectories. AW and MK would include in the next report, following further discussion at People Committee. PB asked if the data on CAMHS included in the report mirrored the assurance levels offered by the QSC report. Executives replied by highlighting that CAMHS continued to experience issues. SK outlined that the combination of acuity of patients and therapeutic activity all played a part along with the on-boarding of new staff. The RiO electronic patient record was also being developed to enable better recording of activities. DC added that the biggest concern was leadership, and that it was being addressed. KT confirmed that CAMHS had not been removed from QSC scrutiny, it was highlighted as coming off the agenda in relation to specific areas of focus, and however the committee was still maintaining oversight of CAMHS. QSC were monitoring all divisions from a risk perspective and that any challenges that emerged in the future regarding CAMHS (or any division) would be brought back to the agenda should it be required. SN asked about mandatory training levels and how they were being addressed, including the training of new starters. DC replied that operations, working in partnership with HR were addressing the training levels with deadlines being put in place. SN asked for a report to be given to Board	**AW & MK**	**31.03.23**

	outlining what was being done with timelines and outcomes. PB asked the People Committee to consider the report and provide assurance to the Board. RB noted the reduction in sickness absence levels and welcomed the good news, and also asked when the effectiveness of the retention framework could be anticipated. VMc outlined that this subject would be covered over several papers in both parts of the Board meeting, including the new Nursing Establishment plan and the new operating model. MK outlined progress against the retention framework and confirmed that it would be presented at the next People Committee, demonstrating the actions being put in place over the next six months. PB requested that QSC consider what further steps could be taken to increase the My voice response rates included within the IQPR and provide assurance to the Board on actions being taken. The Board **NOTED** the report	**DC & DB** **SK & SS**	**21.07.23** **21.07.23**
9.	**Establishment Review Update** AB presented the paper which was taken as read and noted that this was the second full year of undertaking the process, with a comprehensive review having been conducted. AB noted that the report indicated that there was a requirement for a significant increase in registered staff on the wards, with staffing already flexing up to this level. There was evidence that the correct number of registered staff could result in a decrease in incidents. AB suggested that a Board decision be deferred until other reports covering financials and the operating model had also been considered. KM added that there was financial investment in safer staffing and the new operating model. PB agreed that the decision would be deferred to Part Two of the meeting, following consideration of other reports which related to the subject. RB was encouraged by the report, particularly the thoroughness of it, and asked what the reactions were from management. AB replied that there had been challenging one to one conversations, and that recruitment would be ongoing, which would be a challenge. There is a risk associated with the establishment numbers and this is being managed. AL was supportive of the plan and asked if the KPI triggers on the IQPR would change if the new staffing figures were accepted, and if there could be any regulatory challenge. AB replied that the reporting within the IQPR would reflect the changes, and that the narrative to explain the data would be important to reflect any direct impact. AL further commented that if the Board approved the new Establishment levels, that it would be doing so along with accepting the resultant shift in data, and that it was the right thing to do, despite the change in figures. DB asked if there was a correlation between acuity levels going up and experience of staff. AB replied that no direct correlation had been observed, but that it was being monitored given the loss of experienced staff currently seen. SN asked about recruitment of qualified staff, and asked how optimistic AB was in recruiting the numbers needed, and was there a fall-back plan? AB replied that the fall-back plan was to utilise bank and agency staff in order to achieve staff fill rates. AB further noted that solutions would not be found in recruitment alone, but that the retention plan would be integral in making the initiative work. SN also asked how the changes would be received by staff and likewise conveyed to the regulator. AB replied that evidence-based discussion was helping a great deal, as typically, staffing invoked an emotional response initially. AB also acknowledged that this initiative would require a large financial investment.		

	EL asked what percentage would be substantive staff compared to agency staff in the new model. AB replied that it would be the quality of agency staff that would be key in making the model work and not just the ration of agency to permanent, as well as booking agency staff for longer periods to increase consistency. DC added that making more use of bank and MDT staff along with a move toward a more therapeutic environment would be beneficial. EL wanted to check that permanent staff who also work on bank would not work more hours as a result. DC replied that there were checks in place to ensure that staff did not work more than stipulated within the EU Working Time Directive. These rules are embedded within the new auto-rostering tool. PB raised managing enhanced support, and asked if we were able to follow a target or lag indicator to see if we are moving in the right direction or not. AB responded that there was no clear target as yet, but it was something that could be looked at. PB further asked about Neuro having more nursing associates and why this was not seen in other divisions. AB replied that the Neuro model leant itself to having more associates in post due to the model in place and its structure. RB asked questions as to the increase of occupancy, and how the Charity balances recruitment and quality accordingly and whether some of the expansion could be paused whilst the recruitment of staff was concentrated on. SK replied that as an organisation, quality always came first whilst recognising the financial realities. The strategic view was that there was an occupancy target coupled with a quality strategy that would enable quality to be monitored, as per the Heat Map currently being developed. SK re-iterated that patients would only be admitted to a ward if it was safe to do so. KM confirmed that in some divisions the occupancy growth was based upon previously recognised staff growth and not dependent on new recruitment. The Board **NOTED** the report and **AGREED** to consider the report further in Part Two of the Board meeting.	**DECISION**	
MATTERS ARISING			
10.	**Mental Health Bill** SW joined the meeting and presented the paper, which was taken as read, introducing the background to the changes in the Mental Health Bill and the key points to note from the changes. SW noted that the bill was the basis of a piece of legislation that would transform the Mental Health Act. The main aim of the bill was to make it more challenging to detain individuals for certain conditions. That statutory care plans would be required for every patient who was sectioned, and SW also noted that less restrictive placements within the community were also observed in the bill. SW added that there had also been suggestions that a Commissioner for Mental Health was to be appointed. AL asked how compliance with the changes would work within the Charity. SK replied that responsibility was shared across the Charity. Documentation was looked after by the Mental Health Act team whilst therapeutics were the responsibility of the EMD. SK also outlined the work of the Mental Health Law Steering Group which reported into QSC and would be the source of assurance to the Board. SK noted support for most of the changes, however, system process and procedures would have to change in order to manage the changes to the bill, and that the code of practice would lay out the implications of the bill in a better way. SK added that the Charity needed to start thinking differently in readiness for the legislation. PB asked if the Charity would seek to play a full part in formulation of the code of practice. SK agreed that there would be advantages, however, the Charity had many current priorities which all required attention and was unsure the Charity had the capacity or resource at present to be involved. SN asked if there were a high percentage of patients currently with St Andrew's who had a mental health diagnosis in addition to ASD/LD. SN also		

	asked about the measures undertaken to measure the benefit of treatments. SK replied that he would provide the figures in terms of MH diagnoses and reiterated that the Charity did not admit any patients who solely had a diagnosis of ASD/LD, unless they presented a substantial forensic risk or were detained under Part 3 of the Act. SK added that there was regular monitoring and measurement of therapeutic outcomes already in place which indicated focus on each patient and their care plans. SK agreed to report to QSC on therapeutic outcomes and the percentage of compliance, along with suitable metrics. KT noted that she was a supporter of most of the bill, and wanted to highlight that expectations for implementing the changes was more about additions to existing legislation and the Charity should look at these in a different way and link them to our strategic priorities. KT added that length of stay would be important, coupled with the Charity demonstrating that no patient was kept longer than necessary, these align in general with the strategic direction now being worked on. As a result of discussions, KT asked how patients with complex needs would be cared for in the community with St Andrew's and did the Charity have experience of these services. SK confirmed that whilst we have the capability to do this (and gave Winslow as an example), more work is required on developing the model and the service. RB asked what the Charity could do to prepare itself for the implementation of the bill, and if it had been considered during the preparation of the new operating model. RB also asked if there was any indication whether the government was prepared to invest further in the sector. SK replied that the Charity was positioned favourably for implementation, but that patient involvement did require further input. OM noted that in his experience as Hospital Manager, there were patients who could have been discharged, but had not been due to no home care or social worker being in place and that patient advocacy was key. PB reflected on the discussion and noted that the implications of the code of practice and the Bill would be felt for many years to come and that there will be elements of the development of the new code that will be relevant to the Charity's expertise and that align to our mission of being experts in managing complexity. VMc outlined at a high level how the Charity would respond, whilst keeping in line with the strategy and operating model, noting that it would be a 2 – 3 year project to embed the changes. VMc further added how the new strategy clearly focused on advocacy and how it was about hearing the patient's voice and how we work with them to transform their lives, and this is our number one Strategy Workstream. DB talked about a trend to look at disproportionality in public services and whether a review exercise could be undertaken by the Charity. SK replied that this was currently being undertaken via the Mental Health Law Steering Group. KT asked if the debate on disproportionality could be had within QSC, it was agreed to discuss this with SS. PB agreed and suggested that the work on disproportionality could be overlaid with work on trauma as well. The Board **NOTED** the report.	**SK** **DL**	**18.05.23** **31.03.23**
SERVICE & PATIENT STORY			
11.	**Divisional Presentation (Including Patient Voice): Broom Cottage (Learning Disability and Autistic Spectrum Disorder)** Richard Stedman (RS) and Fiona Hannah (FH) joined the meeting from Broom Cottage and provided some background to both Winslow and Broom and how they worked and fitted into the Charity. FH added that many of the service users from Broom would be joining the presentation.		

	FH introduced two service users, Rosie and Keith and then presented a slide show highlighting Rosie and Keith's journey to recovery at Broom Cottage. OM asked what the Charity provided in terms of therapy at Broom Cottage as he was aware that some historically had been provided by the local council. FH noted that the local council no longer offered support in a therapeutic way and that the only contact was with the social worker and GP, with St Andrew's providing the therapy. Advocates were in attendance in order to ensure that the correct decisions were made for the patients. RS added that they had also introduced fortnightly calls with the Northampton MDT to assist with some of the OT and social work provision. KT asked how many people lived in the cottage. FH outlined that there were 4 service users in total with 2 staff on days and 2 on nights. EL asked what could be done to bring the current Good CQC rating to Outstanding. RS replied that the next steps were to demonstrate the added value from the team at Northampton, along with ensuring that it is demonstrated that Broom is run as a care home and not as a hospital. RB asked what could be learned from the way Broom was set up that could help with a move to more care in community-based settings in the future. RS replied that he was impressed by the resilience of the staff, and staff consistency as seen in Broom and Winslow. There was no silo working, and that care in the round was highly important. RS felt that this would work well in Northampton also. FH agreed with RS and added that communication was key with the wider Charity. The Board thanked FH and RS for their presentation and passed on good wishes to the service users of Broom Cottage. RS and FH left the meeting VMc highlighted to the Board that Broom Cottage was currently for sale, but that the property was under evaluation and that structural changes would be required to the property due to the current configuration of the building and the current service users, which would be discussed further at Exec. Further discussions will also be had on whether to remove it from sale and how the service and premises could be altered to ensure it remains viable.		
ANY OTHER BUSINESS			
12.	**Questions from the Public for the Board** No questions were received for the Board.		
13.	**Any Other Urgent Business (notified to the Chair prior to the meeting)** PB acknowledged that this was EL's last Board meeting and outlined the great service and support she had provided the Charity. The Board members extended their thanks to EL and wished her well for the future.		
14.	**What would our Patients and Staff think about Our Discussions Today?** • PB noted that the focus on staffing and what the implications of the mental health act would be, along with risk management. • DC highlighted the meeting with service users and hearing their voice • AW highlighted the feedback with regard to the community • OM thought they would reflect on the Board's focus on quality • ES highlighted the discussions on patient advocacy and greater involvement in co-production		

	• PB also highlighted the change within the organisation.		
15.	**Date of Next Meeting :** Board of Directors, Meeting in Public – Friday 31st March 2023		

Approved – 31st March 2023

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Paul Burstow
Chair